



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Aetna Health Inc. (PA) - Aetna Health Ins. Co.														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	10,327	10327
PR	2011	0	0	10,327	0	10,327	10,327	0	0	10,327	0	0	10,327	51635
PR	2012	0	0	10,327	0	0	10,532	0	0	10,714	0	0	0	31573
ME	2009	0	0	0	0	0	0	0	0	0	0	0	22,012	22012
ME	2010	0	0	0	0	0	0	0	0	0	0	0	19,718	19718
ME	2011	20,692	21,071	20,886	20,685	20,370	19,864	19,609	19,273	19,333	19,215	19,143	16,025	236,166
ME	2012	17,137	16,989	16,824	16,732	16,340	16,141	15,976	15,767	15,489	15,478	15,364		178,237
PV	2011	3,027,500	3,027,500	3,027,500	3,027,500	3,478,233	2,902,363	2,877,410	2,870,824	2,898,114	2,899,363	2,908,234	2,980,054	35,924,595
PV	2012	2,991,404	2,989,958	3,003,695	3,027,500	3,048,223	3,065,826	3,100,772	3,130,171	3,154,896	3,192,605			30,705,050
MC	2008	5,325	9,176	10,880	10,785	11,022	10,575	11,208	10,108	10,312	11,299	10,802	10,201	121,693
MC	2009	10,279	10,411	13,024	12,009	11,100	12,483	12,173	11,565	11,282	12,282	11,492	11,571	139,671
MC	2010	9,907	9,607	11,238	9,346	9,082	9,143	8,469	8,940	8,610	9,279	8,913	9,117	111,651
MC	2011	6,835	6,789	8,450	7,487	7,422	6,387	6,107	6,836	6,274	7,054	7,326	7,514	84,481
MC	2012	6,232	5,749	6,353	6,174	6,774	5,502	5,416	5,797	4,799	5,846	5,807		64,449
PC	2008	2,257	2,316	2,419	2,426	2,511	2,371	2,722	2,651	2,940	2,918	3,112	3,481	32,124
PC	2009	3,921	3,756	4,344	4,353	4,491	4,707	4,672	4,938	5,012	5,015	4,904	5,247	55,360
PC	2010	4,461	3,973	4,604	4,222	4,107	4,052	3,842	4,177	4,083	3,884	3,931	4,197	49,533
PC	2011	3,623	3,291	3,835	3,649	3,699	3,499	3,422	3,414	3,268	3,432	3,420	3,466	42,018
PC	2012	2,998	2,761	2,837	2,848	3,300	2,992	2,614	2,577	2,536	2,660	2,553		30,676
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

*Key: PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









